

Senior and Disabilities Services
Frequently Asked Questions, Care Coordinator teleconferences, January 2010
Topic: Assessments and Level of Care Determination dates, and
Relationship to the development of the Plan of Care

Questions and answers are listed by theme.

Long-established historic Plan of Care (POC) dates

1. Q. Do I need to submit a new POC for all of my clients?

A. No, only if you receive a notice of Level of Care (LOC) determination, which must be completed annually.

2. Q. I have a few MRDD (Mental Retardation/Developmental Disabilities) waiver clients for whom I did the POC based on their long-standing POC dates. The POC date is just a few dates earlier than the LOC date. Does the Level of Care (LOC) packet still need to be done? Will a new POC need to be done?

A. For these MRDD waivers, a new Level of Care packet does need to be submitted. Also, a new Plan of Care which reflects the most current assessment will need to be done.

3. Q. I have a few clients who did not receive assessments. What do I do for their POC dates?

A. Before creating and submitting the POC, check in with the Assessment Unit or their designee for OA, CCMC, or APD, and the waiver unit for MRDD status of these assessments.

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4. Q. Will we be having short plan years if the only reason is to maintain long-standing historic POC start and end dates?

A. No.

Plan of Care Based on Assessment

5. Q. What does it mean when Senior and Disabilities Services (SDS) says the POC must be based on the assessment?

A. The requested services in the POC must match the needs identified in the assessment. The narrative must explain the need for a particular service and cite the needs identified in the assessment. The POC must be completed after the Care Coordinator reviews the most current assessment.

6. Q. I've been re-doing the POCs for clients affected by the change of LOC dates by placing the new start dates according to the new LOC approval dates. Is that right?

A. Yes, however you want to make sure that the content of the POC refers to the findings of the most current assessment and shows the relationship of the requested supports to the findings of the assessment. Any need identified in the assessment must be addressed in the POC.

7. Q. Do I base the new POC solely on the assessment?

A. Care Coordinators need to use a person centered approach when building the POC. The assessment is one of the tools for gathering information about the person, and the POC must refer to the assessment. Additional sources include an interview with the person; supporting documentation including but not limited to Critical Incident Reports, and psychological evaluations; and information from the person's planning team.

8. Q. The assessment for MRDD waivers is a score sheet. How do I interpret this for the POC?

A. The score sheet refers to functional skills in core areas per developmental age. It also identifies problem behaviors and areas respondents identified where services exist or may be needed. Contact Caroline Hogan, Caroline.Hogan@alaska.gov for clarification if needed for specific individuals. For MRDD waivers, you would also refer to information from interviewing the person, any other available evaluations, such as a psychological evaluation, or an Individual Education Plan (IEP) for those in school, and information from the person's interdisciplinary team.

9. Q. Do all the signed documents that go with the POC need to be updated as well? Such as the Release of Information (ROI), Appointment of Care Coordinator, the signature page of the POC, etc?

A. Yes.

10. Q. Do the release of information dates need to match the POC dates?

A. Yes.

11. Q. I need to work with a person and their providers before the signed LOC arrives. Do I have to have a second ROI for the time before the signed LOC determination arrives?

A. Yes, you would have one ROI starting the time you are beginning to work with the person, and then ask the person and/or legal representative to sign another ROI, the dates of which match the POC.

12. Q. Typically I would start meeting with a new client/team 2-3 months prior to POC expiration to do a new POC. Do I wait for SDS to do an assessment and LOC determination before meeting with the client?

A. It is always a good idea to do some preplanning to get an idea of what the participant needs/wants on their plan. It cannot be finalized however until you have received and gone over the assessment with the participant because needs identified in the assessment must be addressed in the POC.

13. Q. I have clients who received assessments prior to August of 2009, but I did not receive the signed LOC determination. They are starting to come up to the end of the plan year. How do I best handle these?

A. Contact the Assessment Unit to make sure that you and SDS staff are working together to ensure assessments are scheduled prior to either the previous LOC or POC end date.

14. Q. Sometimes my clients are confused about the assessment document when they receive it in the mail. How can I help?

A. You may assist your client in understanding the purpose of the assessment using a person centered approach. You should inform the person that they will be receiving it so they know to expect it in the mail.

15. Q. Does the new assessment process only affect OA and APD waivers?

A. No, although the assessment tools may be different, the new assessment process affects all waivers. LOC is approved annually for all waivers, and the resulting POC must refer to the newest assessment.

Plan Duration, formerly known as Waiver Year

16. Q. I had to adjust the end date of a renewal POC so it did not extend past the signed LOC duration (one year from signature), due to a recent assessment. The resulting POC lasts for 11 months and 2 days. How much Care Coordination can I bill?

A. Continue to provide Care Coordination on a monthly basis and bill for services delivered and documented. Unless a waiver is terminated due to death, Division of Public Assistance (DPA) decision, or other official notice, you can continue to provide Care Coordination.

17. Q. Because of the changes, POCs will no longer last an entire twelve months. Does this mean that POC dates will change every year based on the date of the newest signed LOC?

A. Yes. The POC is best thought of as the plan duration rather than a plan year. As we work together on the new system, you may experience changing the end date of a POC so it does not extend past the duration of the signed LOC. We will work to have POC duration be as close to a calendar year as possible. SDS is committed to completing annual assessments and LOC assignment close to the end of the plan duration.

Gaps Between POC Ending and Renewal

18. Q. How are we going to work with gaps between a current POC which expires before the newest signed LOC starts?

A. We do not want services to discontinue because of gaps. They will be reviewed on a case-by-case basis. Extending prior authorizations for existing services is one option that may be exercised to ensure continuation of services. Contact Kara Kolesar, Kara.Kolesar@alaska.gov for individual cases. You will still need to submit a new POC based on the new assessment/LOC determination.

19. Q. I have a renewal POC ready to send in. The POC is dated 2/01/10-1/31/11. The LOC was signed 12/30/09. What POC start and end dates should be used?

A. You can write the POC with dates that match the LOC. Or, you can start the POC on a date after the signed LOC. However, the POC cannot extend past the expiration of the LOC, in this case on 12/29/10.

Overlapping Prior Authorizations (PAs)

20. Q. How will we work with cases in which there is an overlap of approved prior authorized services because there was already an approved POC in place, and a new assessment was done, resulting in a new signed LOC, a new approved POC and new prior authorization?

A. This pertains to service vendors other than Care Coordinators. Providers can continue to bill on the original PAs and then shift to the new PAs upon expiration. Use caution to make sure there is no double billing.

Billing and Prior Authorizations

21. Q. Can the Care Coordinator bill for a second POC in the same year?

A. Yes. The Care Coordinator can bill for a new POC when SDS requires/authorizes that a new POC be written, based on issuing a new LOC determination. A PA for the POC is issued upon its approval.

22. Q. Can SDS' system extend or add units?

A. Yes, they can be extended but only on a case by case basis, and units can be added with an amendment.

23. Q. If a POC is shorter than one year, how will Intensive Active Treatment (IAT) Nursing Oversight be billed, as it is billed by the quarter?

A. Continue to bill by the ongoing IAT quarter per that specific POC, after the service is properly delivered and documented. This means that some plan durations may have less than 4 quarters but you may bill for the quarter as services are delivered on the renewal.

24. Q. Are Care Coordinators going to start using Cost Sheet Interface (COSI) again?

A. No, but we (SDS) still use it internally to interface with Affiliated Computer Services (ACS).

25. Q. What if services change and there is a period of time where documentation might not reflect the new service?

A. Billing should always be done on the approved POC. As long as there is an approved POC, it is ok to serve, document the provision of services and bill accordingly, until there is a new plan approved.

26. Q. Will ACS deny Care Coordinators payment for a second POC in one year?

A. As long as the Care Coordinator is working from SDS notification of a new LOC determination, this should not happen. If you experience difficulty in this area please contact Andy Sandusky, Andy.Sandusky@alaska.gov.

27. Q. For renewals, will service providers and Care Coordinators get notice of pending denial of all or part of services requested in the POC?

A. SDS corresponds with Care Coordinators about the contents of the POC during its review, regarding needed documents, correct dates, and signatures, etc. If content related to the need for the requested service is missing, or services are not justified, then a denial may be issued. SDS needs to ensure that the person has the opportunity for due process resulting from a service denial. For this reason notice of service denial is given to the person and/or legal representative, with a courtesy copy to the Care Coordinator of record.

Timelines

28. Q. When is the newest POC effective?

A. Starting no sooner than the signed LOC determination date. The POC can start on or after this date. The POC duration may not extend past the expiration date of the LOC duration, which is one year after the LOC determination signature date.

Example:

LOC determination signature date	1/27/10
LOC duration	1/27/10 through 1/26/11
POC may not exceed	1/26/11

29. Q. After I receive the signed LOC determination for a renewal, how long do I have to submit the POC to SDS?

A. 30 days.

30. Q. What if I have many clients who need new POCs based on new assessments and LOC determinations?

A. We are willing to work with Care Coordinators who cannot meet this timeline. Submit written documentation of extenuating circumstances to SDS for a POC submission exceeding the timeline in regulation requirements, per 7 AAC 130.230 (h).

31. Q. Will there be any system in place to notify Care Coordinators when assessments are going to be done or due?

A. Yes, we are proposing an automated system to notify Care Coordinators about upcoming assessments, and are adding it to the Information Technology (IT) plan. It is the Care Coordinator's responsibility to track their clients' LOC expiration dates.

32. Q. How long will it take to get notification after the assessment is done?

A. Within 5 days after the LOC determination, the assessment and a LOC determination letter will be emailed to the Care Coordinator, and mailed to the person and his/her legal representative. If these documents are not received, contact the Assessment Unit for OA, APD and CCMC waivers, or the Waiver Unit for MRDD waivers.

33. Q. An amendment was done and approved, but the vendor agency will not serve my client because there is no prior authorization yet. Will prior authorizations come in 5 days?

A. No, PAs are not under the 5 day rule. Contact Affiliated Computer Services (ACS) for status of prior authorizations. You may call and ask for the Claims Department: (907) 644-6800, or (800) 770-5650.

34. Q. When are POCs due for a new waiver based on an initial assessment?

A. 60 days.

35. Q. For MRDD waivers, is the Inventory for Client and Agency Planning (ICAP) assessment still good for three years?

A. Yes. There are no changes at this time to the ICAP and interim (between three year intervals) LOC process for MRDD waivers.

36. Q. For existing MRDD Waivers, Care Coordinators are currently submitting documents for interim LOC 90 days prior, and for ICAP years, 120 days prior. How do the changes affect this practice?

A. To be closer to the LOC date, we need complete MRDD packets 60 days prior in interim years and 90 days prior in ICAP years.

37. Q. How soon should we contact SDS if we don't hear of an assessment being scheduled?

A. Within 30 days if the Level of Care expiration.

38. Q. How long does it take for SDS to approve the POC and key the request for the PA?

A. The goal is 30 days for review and approval.

Amendments

39. Q. Is the amendment process different now?

A. No. We continue to process amendments that have been submitted.

Contacts

40. Q. Who do I contact with general questions about Plans of Care?

A. Contact Kara Kolesar, Kara.Kolesar@alaska.gov, Phone: 269-3728, Fax 269-3639.

41. Q. Who do I contact if I have questions about prior authorization process?

A. For questions about prior authorization process contact the Operations Integrity Unit Manager, Andy Sandusky, Andy.Sandusky@alaska.gov, (907) 269-3448.

42. Q. Who do I contact with questions about specific prior authorizations?

A. For information about specific prior authorizations contact Affiliated Computer Services (ACS), Claims Department, (907) 644-6800, or (800) 770-5650.

43. Q. Who do I contact with questions about Assessments, and Level of Care for individual cases?

A. Contacts for Assessment and Level of Care information:

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